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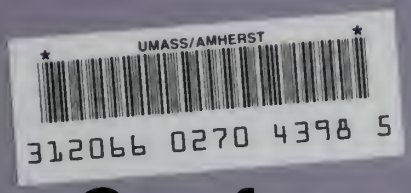

Conference Proceedings

WOMEN VS. SMOKING

Our Health or Their Profits

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Conference Proceedings

WOMEN VS. SMOKING

Our Health or Their Profits

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Executive summary

Smoking is a women's issue. In fact, smoking is a health tragedy for women. Smoking-related deaths are in disproportionate numbers for females, persons of color and socioeconomically deprived persons.

Women and smoking is a marketing success story for the tobacco industry. More than $50 million is spent each year in Massachusetts on cigarette advertising and promotions. Much of this is targeted to low-income persons, persons of color and young females. Nationwide, just under half of all adult smokers are women, and by 1990 it is expected that more women than men will be smokers. In 1986, 27 percent of Massachusetts women reported themselves as smokers. Among 18- to 24-year olds, there is a significant difference in smoking prevalence between men and women; 31 percent of the women report themselves as smokers as compared with 23 percent of the men. Nationally, studies show that among college freshmen the female to male ratio of smokers is 2.1. In the Massachusetts Black community, 29 percent of women smoke, whereas in the Hispanic community, only 16 percent of the women smoke. National statistics indicate that 2,000 teenage and preteenage females begin smoking daily. In 1987, 13.5 percent of Massachusetts seventh grade females, 35.2 percent of ninth grade females and 43.8 percent of eleventh grade females reported they were current smokers. On the bases of current adolescent smoking rates in Massachusetts, it is estimated that of all females age 19 and under in the Commonwealth today, more than 50,000 will eventually be killed by cigarettes.

Smoking is a more important health issue for women than for men because women not only develop all the same smoking-related illnesses as men, but also those related to hormonal status, reproductive function and pregnancy. Deborah Morris-Harris, M.D., reported at the Women VS. Smoking conference that women smokers have a 20 to 60 percent increased risk of dying from all causes.

By the end of 1989, lung cancer may surpass breast cancer as the leading cancer killer of Massachusetts women. Nationally, lung cancer has been the leading cancer killer since 1985. Women develop primary lung cancer at an earlier age and with less exposure than men. Actually, cigarette smoking is causally associated with 25 percent of all cancer deaths in women. In addition to lung cancer, smoking causes a 40 percent increase in pancreatic cancer, a two-fold increase in bladder cancer, a three-fold increase in oral cancer, a four-fold increase in laryngeal cancer and a five-fold increase in esophageal cancer, and, in cervical cancer, a strictly female cancer, a two-fold increase.

In the natural history of coronary heart disease, smoking affects six percent of women and 26 percent of men before age 60. The protective effect of being female is completely obiliterated in young women who smoke. Smoking enhances the clotting tendency of the blood and leads to clot formation. This in turn obstructs blood flow and leads to heart attack.

Women who are heavy smokers are 5.5 times more likely to have a fatal heart attack and are 5.8 times more likely to have a nonfatal heart attack than a nonsmoker. Black women smokers have a 70 percent increased risk of heart attack than do white women smokers. Estrogens and oral contraceptives increase the risk of heart attack by 10-fold in smokers. Actually, there is no safe level of smoking. Just four cigarettes per day increase the risk of a fatal heart attack 2.5 times.

The 1989 Surgeon General's Report on Smoking points to the increased risk of stroke among smokers. A study in the April 14, 1988, issue of the New England Journal of Medicine reported that the risk of stroke in women increased steadily with the number of cigarettes smoked. For the heaviest smokers, the risk was six times that of nonsmokers. For women who smoked between one and 14 cigarettes per day, there was still a 2.2-fold increase in the likelihood of having a stroke than women who had never smoked.

In the last 10 years, the incidence of emphysema has tripled among young women and doubled among older women. Smoking is the cause of 85 percent of emphysema.

Smoking is also a risk factor in osteoporosis (brittle bones) -- a problem estimated to affect to some degree almost half of all women over the age of 40. This result is due to the Hormonal interference of smoking in females.

That alcohol is more deleterious to pregnancy than smoking is a common misconception. The National Health Interview Survey indicates this misconception is particularly true among Black and less educated mothers -- the same mothers who are most likely to smoke. In an attempt to educate the public about the risks of smoking, researchers have coined the term "fetal tobacco syndrome," which includes the increased risks of prematurity, low birth weight, intrauterine growth, retardation, infant mortality, placental abnormalities, sudden infant death syndrome (SIDS), childhood asthma and decreased intellectual and emotional development. Heavy smokers have a 60 percent increased risk of delivering at less than 33 weeks gestation. Low birth weight has been attributed to smoking in 29 to 39 percent of the cases. Smokers are 3.5 times more likely to deliver a baby of less than 2500 grams. Black women who smoke are three times more likely to have a low birth weight infant than white women who smoke, a finding that makes smoking and being Black synergistic risk factors for low birth weight. When infant mortality rates are examined, it is found that smoking less than one pack of cigarettes per day increases the risk by 25 percent and smoking more than one pack per day increases the risk by 50 percent.

Women have a harder time quitting than men. In a Rhode Island study of women who had a difficult problem quitting, which was quoted by Lois Beiner, Ph.D., at the Women VS. Smoking conference, it was found that the three major reasons for failure to quit were fear of weight gain, stress, and the women's lack of confidence in their ability to be able to quit.

The cult of slimness as a serious factor for women was raised at the conference by several speakers, a problem increasingly raised in the literature. The pursuit of slimness has become the all important factor for many women even though one New England study showed that 82 percent of the teenagers trying to lose weight were already of average weight or actually underweight. The diet industry is a $10 billion per year industry nationally -- a potent opponent yet one which must be challenged for the physical and psychological health of women. Actually, the average weight gain after quitting smoking is five to seven pounds, but women simply do not want to take the risk.

Women, in general, report feeling under stress more than men do. Women are more likely to lack control of their situation. Studies show that persons who feel they are about to "blow up" are more likely to be smokers. Researchers report that women are more likely than men to form a dependency on smoking for emotional support. Nicotine does help regulate moods and smokers learn to

regulate their smoking in order to regulate their moods. Twenty-three Black women, 18- to 33 years old, kept a three-day diary that reported their mood and feelings at the time they smoked. The results were reported by LaVerne Reid at the Women VS. Smoking conference. For these women, smoking most frequently accompanied boredom, anger or relaxation. Many felt they were leading lives of "giving in and going along," which in turn led to anger. Cigarettes were a way of helping them control their anger. They reported smoking was a legitimate way to have private time and considered having a cigarette as a reward. Other studies have also reported that women look on smoking as a legitimate reason for having a break. If they were to give up smoking, they would also be giving up their right to have a break.

Smoking is only a part of a broader issue of empowerment when considered on a parallel with adequate shelter, nutrition, and other basic survival issues, Ms. Reid pointed out. Even smoking cessation programs are designed for the highly educated who are in occupations where they have control.

Young women are much more likely to smoke if one or both their parents or an older sibling smokes. Most women begin smoking before they are old enough to appreciate the risk. By the time they understand the risk, they are addicted.

For young girls, the developmental insecurities, as well as the perceptions about their own bodies, make them uniquely susceptible to the themes and images of the tobacco advertisers.

Tobacco advertising is a mainstay of women's magazines (with the exception of Good Housekeeping), Susan Arnold pointed out at the conference. In addition, the tobacco industry contributes to the support of the arts, education, community leadership development, sporting events and women's organizations.

Recommendations Made At The Conference Included:

- Forming mutual support groups for women that use a self-help approach to quitting smoking.
- Educating all women of child-bearing age of the health hazards of smoking, not only to themselves but to their children.
- Contacting schools to arrange showings of "The Feminine Mistake," "The Lady Killer" or "First Time, Last Time" followed by classroom discussion.
- Advocating limitations on where smoking can occur, including making schools, public places, and health care facilities smoke-free.
- Developing prevention and cessation strategies that recognize and address the psychological factors that underline why women smoke, such as economic discrimination and the pressures of women's lives, and which are culturally specific to populations at risk.

Keynote Address:A Look To The Future

Women vs. Smoking

Deborah Prothrow-Stith, M.D.
Commissioner
Massachusetts Department of Public Health
Boston, Massachusetts

It is a pleasure for me to join you today at the Women vs Smoking Conference. When Greg Connolly told me that we were cosponsoring this event, I was very pleased. I wanted you to know how important I think this subject is and to have you to work with us at the Department of Public Health, with the Boston Women's Health Book Collective, with the Institute at Harvard University and the Massachusetts Public Health Association to stop women from smoking.

The Surgeon General published his first report on smoking in 1964. Since then we have made some great strides, not only in changing our attitudes, we no longer find smoking glamorous, but also in changing our behavior. A second report published in 1979 gave us even more evidence that to stop smoking was the correct work. That report stated that sufficient evidence exists to indict smoking during pregnancy as an increased risk of spontaneous abortion, and fetal and neonatal death in otherwise normal infants. The report also showed us that deficiencies could develop in the physical, intellectual and emotional growth of the children of pregnant women who smoke. The 1979 report also documented the shifting habits of smokers in American society. It noted that the prevalence of cigarette smoking had declined among adult males from 53 percent in 1964 to 38 percent in 1978, but had remained constant among adult females, declining by no more than 3 to 4 percent. It had, however, sharply increased to equal boys, 20 to 21 percent, respectively, in the incidence of cigarette smoking. The report stated that there were six million regular smokers between 13 and 19 years of age, both male and female, and 100,000 regular smokers under age 13.

The 1982 Surgeon General's Report focused further on the relationship between smoking and cancer and the causal association between smoking and cancer of the lungs, larynx, oral cavity and esophagus. It also identified smoking as a contributing factor in the development of cancer of the bladder, kidney and pancreas. The report determined that cigarette smoking is the leading cause of cancer mortality in the United States. In fact, 30 percent of all deaths due to cancer could be prevented if no one smoked. Armed with this evidence of needless deaths and needless insult to infants, those of us who have been working in public health to encourage this change in attitude and in behavior around smoking, joined Surgeon General Koop when he announced his directive on May 20, 1984, to make our society smoke-free by year 2000. The Department of Public Health in the Commonwealth, with the groups cosponsoring this Conference and other, has started to take measures to meet this directive.

At the Department of Public Health, the Office of Nonsmoking and Health has been established under the direction of Greg Connolly. The mandate of this office is to provide education, advocacy and programs to prevent people from starting to smoke and to encourage people who smoke to stop. A five-year plan for a smoke-free Massachusetts is being developed. In addition, a major initiative to address smoking during pregnancy has been the focus of this year's activities. Today's conference is another significant step in concert with these

efforts. We have information on women and smokers here in Massachusetts. At last year's conference, we revealed that 27 percent of Massachusetts women reported themselves to be smokers in 1986. Among 18-to 24-year olds, there was a significant difference in smoking prevalence between men and women. Prevalence for men was 23 percent, for women 31 percent. In the Black community, 29 percent of women smoke, whereas only 16 percent of the Hispanic women smoke. In regard to education, people with a lower educational attainment are more likely to smoke. What we learned is that our efforts to educate and to reduce smoking must be targeted to the population at risk for smoking; in this case, women of color, women in general and teenage girls. Our efforts must be culturally specific; they must also be appropriate for adolescents, specifically for adolescent girls.

We must pay particular attention to the reasons why women smoke, one of the topics that will be discussed here today. Economic discrimination, pressures to fulfill traditional female roles and other psychological factors must be recognized and addressed in developing prevention and cessation strategies. In addition, the trend to direct advertising to women is one that we must also consider. I like my paraphrasing of the slogan "You've come a long way baby" to say, in fact, "You got your own lung cancer now, baby. You have come a long way." It is our call today to tackle the push of advertising toward women, to begin to address that and the many other reasons why women smoke. I hope you will leave the conference with the sense of what needs to be done and the way to get it done.

Cigarettes are killing women and harming infants and children every day. As women, we need to educate other women, advocate for legislation that will limit where smoking can occur and who can purchase tobacco products. In Massachusetts very recently, a study was conducted in which an 11-year-old girl was sent to 100 convenience stores to purchase cigarettes. She was successful 75 out of those 100 times, even though it is illegal to sell cigarettes to anyone under 18. What we learned was that if the store posted a sign saying that it was unlawful to sell cigarettes to a minor, that store was less likely to sell her cigarettes. There are some things that we can do in enforcing the law that we need to boycott events for women sponsored by the tobacco industry under the guise of public service.

Smoking is not only the major cause of cancer. When we look at cardiovascular disease, when we look at infants and the neonatal issues that I raised, we find out that smoking is one of our major health problems.

We can have an economic effect on the tobacco industry. We can facilitate societal changes that support a smoke-free environment. We can, and must, make a commitment to our health and the health of our society.

Health Risks to Women

Deborah Morris-Harris, M.D.
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Smoking is truly an equal opportunity tragedy. After 40 years of exposure, women are now becoming the victims of this deadly habit.

It is estimated that one in three Americans smokes on a daily basis. The following figures show the changes in practice since 1950:

1950 - 70% of men smoked (30 years later a threefold increase in lung cancer death rates is being witnessed).
1966-1968 - 45% of women smoked (20 years later a twofold increase in lung cancer death rates is being witnessed).
1985 - 31% of men and 28% of women smoke.

The direct and indirect exposure to cigarette smoke (a well-known carcinogen and mutagen) is a public health problem of massive proportions.

The trends in the health outcomes of smoking can be best summed up in a quote from Henry Wadsworth Longfellow used in a 1920's Lucky Strike ad: "First the Shadow then the Sorrow, Coming events cast their shadow before." The shadow of cigarette smoke is bringing the sorrow of increased mortality and morbidity.

There are 1,000 smoking-related deaths per day; 350,000 per year; 1 million deaths in a year world wide. For every smoking related death, 15 years of potential life are lost. Women smokers have a 20 to 60% increased risk of dying from all causes. The probability that each successive birth cohort of women from 1975 to 1985 will die of cancer is increasing (17% for white women; 29% for black women). Employed women smokers lose more days from work secondary to illness and injury than working women who do not smoke.

The cost of these poor health outcomes is staggering: $27 billion in medical care annually $49 billion in medical care and lost productivity and cost of $25,000 in medical care to an individual women smoker of more than one pack per day.

Alarming trends in this pattern of smoking-related excess deaths are the disproportionate numbers of females, minorities, and socioeconomically deprived persons who are addicted to this deadly habit. Studies show:

*2000 teenage girls start to smoke each day.
*More teenage girls smoke than teen boys (20% vs. 16%).
*Among college freshman the female to male ratio is 2:1.
*More black people smoke than white.
*The less educated have twice the smoking rate of persons with 12 or more years of schooling.

Epidemiologic evidence points to a causal relationship between cigarette smoking and cardiovascular diseases, including heart attack, stroke, angina, and thrombosis; cancer; and poor reproductive outcomes. The latter include: delayed and impaired fertility, prematurity, infant mortality, low birth weight, and sudden infant death syndromes (SIDS).

Other diseases associated with cigarette smoking are: ulcers; osteoporosis-arthritis; respiratory disease which include chronic obstructive lung disease, asthma, influenza, and sinusitis; and disability and accidents. The leading causes of death in America for 1985 are: heart disease, cancer, stroke, pneumonia and influenza, chronic obstructive pulmonary disease and accidents. A significant percentage of the six leading causes of death can be attributed to smoking.

Smoking and cardiovascular Disease

Coronary heart disease affects 20% of men and 6% of women before the age of 60, male:female ratio of 3.3:1.

The protective effect of being female is being completely obliterated in young women who smoke. Smoking enhances the clotting tendency of blood thus leading to clot formation, obstruction of blood flow, and infection (heart attack).

A recent study in the New England Journal of Medicine examined the cardiovascular consequences of smoking in women under 60. A report on the Nurses Health Study - Relative and Absolute Excess Risks of Coronary Heart Disease Among Women Who Smoke Cigarettes was a large prospective cohort study of married RN's from 30 to 55 years of age. The study showed:

1. Cigarette smoking and heart disease have a dose-response relationship. The more cigarettes smoked and the longer the duration of smoking, the risks of heart disease increases. Ten percent of the cases reported were fatal, with 58 to 91% of the deaths being attributable to smoking.

2. Cigarette smoking acts synergistically with other coronary heart disease risk factors. The relative risk for coronary disease in a hypertensive vs. a normotensive woman is 8:1; the relative of heart disease for a smoker of more than 25 cigarettes a day vs. a nonsmoker is 9:1; risk for a hypertensive smoker as compared to a normotensive nonsmoker is 22:1. Clearly, the relative risks are more than additive. The same trends can be seen for hypercholesterolemia and diabetes.

The cardiovascular consequences of smoking in women can be summarized as follows:

*Fatal heart attacks in heavy smokers is 5.5 times that of nonsmokers.
*Nonfatal heart attacks is 5.8 times that of nonsmokers.
*Angina pectoris is 2.6 times that of nonsmokers.
*Black women smokers have a 70% increased risk of heart attack over white women smokers (largely due the synergistic effect of hypertension).
*There is no safe level of smoking. Smoking four cigarettes a day increased the risk of fatal heart attacks by 2.5 fold.

*Women smokers experience higher stroke rates (with an increased risk of cerebral hemorrhage).
*Estrogens and oral contraceptives increase risks of heart attacks by tenfold in smokers.
*Non-smoking spouses of smokers experience a twofold increase rate of heart attacks.

Cancer

Cigarette smoking is causally associated with cancer, accounting for 25% of all cancer deaths in women, and a rise in all types of cancer associated with smoking.

Currently 80% of all lung cancer deaths can be attributed to smoking. Women develop primary lung cancer at an earlier age and with less exposure than men. The overall five year survival rate of lung cancer victims is less than 10%. The relative risk is fivefold. After 30 years of exposure to cigarette smoke, lung cancer has risen from the seventh to the first leading cause of cancer deaths among women.

Other increases are equally shocking:

*Larynx - fourfold increase in smokers vs. nonsmokers
*Esophagus - fivefold increase in smokers.
*Oral cavity - threefold increase in smokers.
*Bladder - twofold increase.
*Uterine - cervix twofold increase.
*Kidney - renal cell is increased for heavy smokers (>30 pack years) who also chew tobacco.
*Pancreas - 40% increase for smokers.
*Breast - smokers experience slightly decreased or no increased risk.
*Endometrial cancer - smokers have a 30% decreased risk.

The five-year survival rate for Blacks for all cancers, regardless of stage at time of diagnosis, is less than that of Whites. With a disproportionate number of Blacks now smoking, projected increases in cancer death rates for Blacks are easily explained.

Reproductive Health Risks of Smoking

Prevalence of smoking among married mothers was greater than that among 20-year olds, as reported from the National Health Interview Survey.

Data for 1967 to 1980 stress the fact that the percentage decrease in smoking prevalence is greater for Whites (15%) than for Blacks (10%), and for the more educated (23%) than the less educated (5%). Blacks, 1967 - 33%, 1980 - 23%, Whites 1967 - 40%, 1980 - 25%, Educational Level <12 years 1967 - 34%, 1980 - 11%. Many women interviewed believed that alcohol was more deleterious to the pregnancy than smoking. This point of view was particularly prevalent among Black and less educated mothers.

This common misconception has lead some investigators to coin the term "Fetal Tobacco Syndrome." Attempts to educate the public about the risks of smoking should parallel current efforts around the reduction of alcohol consumption in pregnancy. This syndrome would include increased risks

for: prematurity, low birth weight, intrauterine growth retardation, infant mortality, placental abnormalities, SIDS, childhood asthma, decreased intellectual and emotional development.

Heavy smokers have a 60% increased risk of delivering at less than 33 weeks. A growing percent 21 to 39 of the incidence of low birth weight is attributable to smoking. Smokers have a 3.5 fold increased risk of delivering a term baby of less than <2500 gm. And, black women have threefold increase in low birth weight infants as compared to white women smokers. Smoking and being black are synergistic risk factors for low birth weight.

Smoking during pregnancy is a major factor in infant mortality: Smoking less than one pack per day increases the risk of perinatal death by 25%, whereas smoking more than one pack per day increases the risk of perinatal death by 50%.

In summary, the health risks of smoking are devastating. Mortality from smoking-related diseases exceeds the number of Americans killed in all of the wars of this century. Yet the prevalence of smoking is declining slowly, especially for women. The preventive health message must become more pervasive than the marketing efforts of the tobacco industry in order prevent excess and needless deaths among women.

Hazy Choices:Why Women Smoke

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Until relatively recently, cigarette smoking was a male phenomenon. After World War II, more and more women started taking up the habit until the prevalence of smoking among women reached its peak in the late 1960s and early 1970s. Today, men and women smoke in almost equal proportions, i.e., 28% of adult women and 33% of adult men are currently cigarette smokers. The convergence in the proportion of male and female smokers and the alarming increase in incidence of lung cancer among women have led to a particular concern about smoking among women.

The statistics on adoption and cessation of smoking seem to suggest that girls and women are not heeding the health messages as readily as men. Adolescent girls are now taking up the habit in greater numbers than boys, (although fewer did so in the early 1980's than in the 1970's).

At present, some controversy about sex differences in cessation rates exists. Some writers argue that although male smokers were substantially more likely to quit during the 60's, when the health risks to men were heavily publicized, by the late 70's, the difference in quitting started to lessen, and by 1980 adult women were as likely as men to quit smoking.[1,2] Others maintain that there is still a substantial difference in quit rates among males and females, with female smokers lagging behind in data as recent as 1983.[3] The difficulty in resolving this controversy seems to stem from the methodological complexity in computing cessation rates from survey data.

I will leave the resolution of that question to biostatisticians and focus instead on whether there are sex-specific factors that promote initiation of smoking among adolescent girls and deter cessation among adult women. The answer to this question has direct relevance for public health efforts to prevent initiation and facilitate cessation in girls and women.

Sex Differences in Adolescent Smoking

A major target of federal funding on smoking has been to design and evaluate school-based prevention programs. A recent review of these studies indicates that most studies do not perform analyses by sex.[4] Girls may initiate smoking for different reasons than boys. Once they experiment, girls may become regular smokers for different reasons than boys and may be responsive to different types of preventive interventions designed to prevent smoking. Such interventions may need a different focus for girls.

I have culled from the literature a collection of sex differences and differences between girls who do and do not smoke that provide, I believe, some food for thought. (Tables 1,2).

Some of these differences make it look as though smoking among girls is the first step down a path to moral decay. Daniel Yankolovich,[5] who conducted the study that provided much of this data, wrote that adolescent girls are more influenced by the "new values" than are adolescent boys. He stated further that these "new values" represent a breakdown of previous standards of morality. They represent rejection of adult authority, freer sexual morality, and an emphasis on emotionality and hedonism. This description sounds rather ominous.

There is something else in these differences, however. It appears that at least some of the adolescent girls who are taking up smoking are in the vanguard -- they are socially competent, self-confident, sophisticated, often well-educated. The increase in prevalence of smoking among girls as compared to boys in the past two decades may be due to a reduction in the double standards of permissiveness versus restrictiveness in the socialization of adolescents. These changes can also be seen as a rejection of norms of conformity and dependence in girls. Most of us would agree that the effects of the moderation in sex role norms have had beneficial effects for women. Obviously, some effects, such as an increase in the rate of smoking, are not beneficial.

The convergence of sex role norms would explain greater equality in smoking prevalence among adolescents. One could argue that adolescent girls are now as likely as adolescent boys to be rebellious, to experiment with "adult" type behaviors. It cannot however, explain why young women, particularly in the 17-18-year-old group, are smoking more than their male contemporaries. What is making smoking more attractive to girls than to boys? To answer that question, we need to ask how adolescence is different for boys and girls.

One area that seems clearly important is the intensification in adolescence of the importance of physical appearance.[6,7] Unfortunately, the convergence in sex role norms seems not to have affected the strong link between physical appearance and feelings of self-worth in girls and women. Evidence is present that the more developmentally precocious a girl -- the sooner she gets involved in dating -- the more important physical appearance becomes and the more dissatisfied she becomes with her body image.[6] This concern with appearance makes girls particularly vulnerable to an advertising strategy that pictures smokers as slim, sexy, and beautiful. Unfortunately, the advertising contains some truth. Cigarettes can and do help control weight. And, in our culture, slimness is a major component of sexiness and beauty.

The pervasive female concern with slimness may be one of the least publicized health risks of our day. Taking substances to control weight is by no means a rare phenomenon. A British researcher asked high school seniors whether they had ever used nonprescription diet pills; 86% of the girls versus 29% of the boys answered in the affirmative. A survey of a larger sample of high school students in the northeastern United States concluded that the prevalence of weight-reducing in female adolescents has increased significantly over the past 20 years.[8] The researchers found that 63% of the girls and 16% of the boys indicated that they were on weight-reducing regimens -- despite the fact that 82% of the reducing girls were of average weight or underweight. Although exercise and moderate reduction of calories were the most popular strategies, a small but significant number of girls were using fasting, vomiting, laxatives and appetite suppressions. Unfortunately, the researchers did not report the extent to which cigarettes were being used to control weight. Clearly, a substantial proportion of our young girls are worried that they are not acceptably thin. How vulnerable are they to the allure of cigarettes as a weight control device? Once

they start smoking, the fear of gaining weight may lower their motivation to quit. Gritz[9] reviews evidence that teenage girls are much more likely than teenage boys to believe that smoking controls weight. The prevalence of this belief in girls rises with age and closely mirrors the rise in girls' smoking.

Sex Factors in Smokers Cessation

The link between cigarettes and weight control has also been implicated as a barrier to smoking cessation in women. Women are more likely than men to report that fear of weight gain keeps them from giving up cigarettes.[10] Comparison of surveys done in the mid-`60's versus the `70's and `80's indicates that concern about weight gain is becoming a stronger reason for not quitting among women.[2]

In fact, smokers as a group tend to weigh less than nonsmokers, and quitting smoking is often accompanied by significant weight gains.[11] Recent research with rats suggests that biological differences may be responsible for greater risk of weight gain among women who quit smoking.[12] If we can generalize these findings to humans, they suggest that nicotine affects eating in females but not in males. When nicotine is withdrawn, female consumption increases to baseline levels, and weight that was lost is gained back. Comparisons of weight gain in men and women who quit smoking have not indicated differences by sex.[11,13] This finding may stem from the fact that women are more likely than men to diet. Even if males and females are equally likely to lose weight while smoking and then to regain it after quitting, the differential importance of body weight would lead women to find weight loss due to smoking more rewarding and weight gain due to quitting more punishing than would men. Some data that I have collected on hospital employees show that although men are more likely than women to be overweight, women are much more likely than men to be dieting (Figures 1,2).

Cigarettes and Stress Management

Another factor that has been implicated as a barrier to quitting among women is the notion that women are more likely than men to use cigarettes to cope with negative affect. Biener, has prepared an analysis of this hypothesis.[14] Women are more likely to <u>say</u> that they smoke in response to negative affect and that stressful events trigger relapse once they have stopped smoking.[10,15] It is hard to interpret these reports because women are more likely than men to report negative experiences of all sorts, and hence may more readily identify a range of activities as coping strategies. There is only one published laboratory study that attempted to manipulate affect and observe smoking behavior in male and female college students.[16] The study, however, relies on a small select sample. More research that directly manipulates affect and observes differential smoking by men and women is needed.

If we allow that the weight of existing evidence, however flawed, indicates that women are more likely than men to smoke in response to stressful experiences, we can go on to speculate about why that might be the case. There are several potential explanations, each of which would make cigarettes more useful to women than to men for coping. The first attributes greater reliance on cigarettes to the social subordination of women. The second attributes greater reliance on cigarettes to sex differences in the biochemical actions of nicotine.

Stress researchers distinguish between problem-focused coping and emotion-focused coping. Problem-focused coping includes strategies aimed at changing the situation that is perceived as stressful. Emotion-focused coping includes strategies aimed at controlling negative affect. Emotion-focused coping is

likely to be used when the stressor is seen as one that the individual is incapable of changing -- when the aim of coping is to accept and adjust to the situation.[17,18] Given the relatively low status of women in most occupational situations[19] and women's family roles, which emphasize their relationships with others rather than their individual achievements, it is reasonable to propose that women are, in fact, more likely to lack control over stressful situations. Hence, stressors experienced by women may be particularly amenable to emotion-focused coping. Furthermore, since traditional socialization practices reinforce female passivity and unassertiveness, it would not be surprising if even controllable situations were seen as unchangeable and if the goal of coping were seen as adaptation. Applying this explanation to smoking, one would predict for any given level of environmental stress that women will be more likely than men to find cigarette smoking an effective coping device.

Some new longitudinal data on a sample of female social workers and licensed practical nurses provide evidence of the relationship between lack of control and smoking. These data have been collected by my colleagues, Rosalind Barnett and Grace Baruch. This study provides rich data on job characteristics and well-being. In preliminary analyses, I found that women who describe their jobs as offering them little control are more likely to smoke than women with higher control at work. Looking at associations between several emotional states and smoking, we get a hint of the possible mediator of the relationship between low control and smoking. Although one might expect to see a relationship between smoking and depression or anxiety, it was anger that was more likely to be predictive of smoking status. That is, women who smoke are more likely to identify themselves as angry people than those who do not smoke. Furthermore, anger is more likely to be found in women who describe their jobs as offering them little control over their work activities. In future research, we will be exploring the causal links between job control, anger, and smoking in women. We may find that the lack of control that is characteristic of many female occupations produces feelings of frustration and anger in some women. If these women find angry feelings unacceptable - perhaps unfeminine - they may find smoking an effective way to ameliorate their feelings.

An intriguing speculation suggests a physiological basis for the stress-smoking link. It implies that compared to men, women may experience sharper declines in blood nicotine level when they are stressed.[14] Since smokers adjust their rate of smoking to maintain a constant level of nicotine in the blood,[20] the more rapidly that level declines, the more they will have an urge for additional cigarettes. If the experience of distress is more apt to produce a reduction in blood nicotine levels in women smokers than in men, one would expect that it would lead women to smoke more when stressed.

More systematic research is needed on the relationship between sex, distress, and the metabolism of nicotine. If the speculations outlined here are confirmed, they imply that cigarette smoking may be more chemically addictive for women than for men. Once habituated to nicotine, women may have greater difficulty quitting because the experience of distress may trigger acute withdrawal symptoms that include cravings for nicotine, irritability, and anxiety.

Summary and Implications

In summary, two factors that seem important determinants of smoking among women are the relationship between smoking and weight control, and the use of smoking as a stress-reducing device. What implications do they have for

interventions to prevent initiation and facilitate cessation among girls and women?

If my analysis of the relationship between social subordination and smoking has merit, it suggests that what is needed is social change that would permit women more access to jobs with higher control, reduce their reliance on emotion-focused coping devices, and increase their ability to use strategies that aim to change the stressful situation. If further research substantiates the hypothesis that stress leads to greater withdrawal symptoms in women than men, one might consider warning girls that they are more susceptible than boys to nicotine addiction and should be very cautious about taking up smoking.

The link between smoking and weight control in women already has sufficient empirical support to warrant intervention. It is not sufficient to include weight control protocols in smoking cessation treatments. In fact, to do so may simply legitimize women's excessive concern with thinness. The interventions should challenge the cult of thinness by 1) making obsessive weight concerns a women's issue; 2) educating girls and women about the futility of dieting; and 3) promoting a wider range of acceptable and attractive body forms. These interventions could be accomplished by adding the topic of weight control to primary school health curricula and by training health professionals to discourage dieting in young girls. An important component of such a campaign is to discourage advertising -- not only cigarette advertising -- that fosters an unrealistic ideal of the female form. The choice between smoking and dieting is not one that women should be making. Both should be seen as serious health risks.

Table 1.

Sex Differences
Correlates of Adolescent Smoking.

1. Female smokers are more socially competent than male smokers.

2. For boys, SES* and smoking are negatively related.
   For girls, SES* and smoking are unrelated or positively related.[21]

3. Compared to rural girls, urban girls are more likely to smoke.
   Compared to rural boys, urban boys are less likely to smoke.[21]

*SES = Socioeconomic status.

Table 2.

Characteristics of Girls Who Smoke
and Those Who Do Not.

	Smokers (N=125)	Non-Smokers (N=142)
Is nervous with new people	32%	46%
Has a boy friend	64%	38%
Has had sexual relations	31%	8%
Often feels not good at things	34%	50%
Drinks alcohol	81%	42%

Source: Yankelovich, Skelly, White.[5]

1.

Prevalence of Overweight and Dieting - Males.

Prevalence of Overweight and Dieting - Females.

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Beyond the Smoke: Empowering Women

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As a closet smoker, I endure the disdain of nonsmokers on a daily basis. My intelligence is questioned when it is discovered that I have not found a successful way to quit smoking. My presentation today may sound as though I am rationalizing my decision to smoke in an era when such practices are not acceptable from both a health and environmental perspective. My intent, however, is to offer policy makers and program planners a volume of additional information that may be used to assist the growing numbers of black women who smoke with alternatives to this deadly habit.

As earlier presenters have indicated, there is much concern about the prevalence rate of smoking among women. We are also aware that cigarette smoking is the single largest preventable cause of death in the United States. Efforts to help individuals to stop smoking are being stepped up throughout the country with campaigns and anti-smoking legislation. The medical research community, the disease control agencies, and social scientist have presented dramatic statistics on smoking prevalence and cessation rates.

Medical providers, not-for-profit and for-profit organizations have initiated programs to reduce the number of smokers in our society. These programs have met with success among some Americans who smoke. However, the challenge remains. The present concern is to focus prevention, education, and treatment programs specifically on the groups that have resisted the traditional health messages.

I make these comments from the perspective of a health promotion specialist, a health planner, and as a women of color who has had the experience of living in the land of plenty, with a seldom heard voice of advocacy. It is my opinion that we must redirect our legislative and self-help efforts to focus more directly on high-risk groups. Although, the inferences may be the same for all women who continue to smoke, I will specifically address how there may be variations on the theme for black women. I do this because it is seldom done in such a public forum and because we as program planners should be reminded not to assume homogeneity among all women. Secondly, if black women are to be allowed to partake in the American dream, we must be empowered to see ourselves at the goal line.

Twenty years ago, Dr. John W. Gardner, then Secretary of Health Education and Welfare, made the observation that we must educate a larger segment of the American people on the inequities between the possibilities of modern medicine and its availability to the disenfranchised members of our society. He stated that we must make known, and dispense with, the obstacles that perpetuate these inequities. The situation is the same today and, perhaps in some instances, even worse. Major differences continue to exist between the health and socioeconomic status of minority populations and the mainstream of American society.

I submit that the health status of the population is ultimately the product of a broad spectrum of forces that often receive little attention from those of us who have responsibilities to develop health policies and to implement programs. It is the deep underlying influence of social, economic, and political forces that ultimately determines the rate at which we improve the health profile of our communities.

For further analysis, a recent report from the World Health Organization states that in order to achieve the goal of health for all by the Year 2000, we must give priority to women's health. In this report, women's health is stressed as the key to the health of future generations. If we are to actualize the goal of health for all by the Year 2000, solutions to smoking among women and its subsequent health issues must be viewed from the psychological experiences of particular groups of women.

The effects of being a multiple minority, by virtue of racial, socio-economic, and sexual status, are apparent variables when one compares smoking prevalence rates of American black women and white women. After lagging for some time, the percentage of black smokers has surpassed that of whites. According to the National Center of Health Statistics, about 48% of white males smoke. The gap is much narrower among women; about 33.3% of white women smoke as compared to 35% of black women. Blacks have higher mortality rates from smoking-related disease. According to statistics from the American Lung Association, the two biggest killers in the black population are coronary heart disease and lung cancer, both of which are illnesses associated with smoking. The group estimates that the two diseases accounted for 43% of all deaths among blacks last year. Smoking rates are higher in lower income groups.

Why Do Women Start Smoking

This portion of the presentation is the product of the expressions and experiences of women whom I interviewed in the conceptual and planning process. I would like to acknowledge their contribution to health status and health choices. I would also hope that the Saturday afternoon get-togethers continue long after the subject of this presentation has been fulfilled.

From an informal (nonspecific) survey of 23 black women between the ages of 29 and 65, I obtained titillating and reflective responses to questions relating to their decision to smoke. The respondents, most of whom are friends, family members, and professional associates, were asked to keep a three-day smoking diary and to complete a survey instrument. The purpose of the survey was to examine the issue of women and smoking from the vantage point of being a black woman smoker. The smoking diary provided a cross reference to the survey and was instrumental in capturing the emotion at a specific time. This seminar provided the forum to evaluate the usefulness of the current literature with reference to, and inclusion of, women of color.

In response to the question of why they began smoking, the participants gave variations of the following categories of answers:

Sixty-seven percent of the respondents reported that they had begun smoking between the ages of 15-22 because they wanted to identify with adult like behavior. The desire for peer and social group acceptance was the second most frequent response to this question.

During a series of Saturday afternoon smoking get-togethers with women in the Boston area who agreed to participate in the informal survey on smoking,

the importance of peer group acceptance and being fun to be with were highlighted as factors in the early decision to smoke. Upon review of the three-day smoking diary that each of the participants agreed to keep to record the sentiments experienced with each cigarette smoked during the given period, we found that reasons for continuing to smoke, in light of their awareness of the health hazards, ranged from boredom and anger to relaxation.

When asked whether cigarette advertising influenced their smoking behavior in any way, respondents unanimously denied any susceptibility to advertisement. During the Saturday afternoon gatherings however, several respondents mentioned having purchased a particular brand of cigarettes in order to get free offers such as the Virginia Slims calendar.

The current literature is saturated with discussions of the influence of smoking advertisement on women and, in particular, women of color. Inner city neighborhoods across the country are awash in billboards pushing brands of cigarettes favored by black smokers. As the deadly habit becomes increasingly less acceptable among upper and middle income Americans, cigarette makers are targeting their marketing efforts on groups that have not kicked the habit as quickly. In November 1987, an article in the Baltimore Sun noted that billboard advertisements of cigarettes accounts for 25% of all advertisement nationwide, but as much as 50% of all advertisement was located in low-income neighborhoods.

Cigarette companies also reach out to black Americans by donating to black groups such as the National Association for the Advancement of Colored People and the Urban League, and by sponsoring popular community events such as the Ebony Fashion Fair and the Koor Jazz Festival. A growing controversy is mounting that maintains that the industry is exploiting blacks in the name of tobacco revenues while compromising black leaders by supporting community, civic, and educational programs. Of course, the tobacco companies dispute any notion that they are trying to exploit blacks.

Do Women Find It More Difficult To Give Up Smoking?

According to the authors of the British Handbook of Women and Smoking, women seem to have difficulties in giving up smoking that are different from the problems men have. The activity of smoking has been defined as a way of dividing up time for women. Smoking is perceived as one way for a woman to legitimize taking time for herself. The example given in the British Handbook and in the informal survey I conducted included: When I've finished the dishes, I'll have a cigarette; or I'll relax with a cigarette after typing this letter.

Survey participants agreed that smoking was a form of relaxation and the activity did serve to divide time and activity. All respondents to the smoking diary mentioned the completion of tasks with the act of smoking.

Some women are anxious that without cigarettes they might not be able to suppress their feelings of anger and might fly off the handle. As a women of color who also smokes, I find this issue to be most relevant. After moderate success with the numerous smoking cessation programs that I have tried, I find that my thwarted attempts at cessation were most challenged when angered. Anger for women of color, in my opinion, is inevitable when one considers that our lives consist of giving in and going along. Often we avoid making clear statements about what we think and feel, when we suspect that such clarity would make another person or group of individuals uncomfortable, or expose the

differences between us. It is fair to say at this point that we as black women must exist in a state of dualism. That is to say, we have much more knowledge of the dominant culture than does the dominant culture of our social norms. The intensity of these repressive efforts are often ineffectively managed by silent submission, ineffective fighting and blaming, emotional distancing and, in my case, smoking.

Harriet Goldhor Lerner in her book The Dance of Anger suggests that just as physical pain tells us to take our hand off the hot stove, the pain of anger is a signal that preserves the very integrity of our self. Anger can motivate us to say "no" to ways in which we are defined by others and "yes" to the dictates of our inner self. Identifying positive and surely more healthy ways of channelling this anger is the challenge ahead of me. More socially accepted ways to parrying anger must be identified. Experts suggest physical, social, and for some, religious activity as an alternative approach.

Helping Women of Color With Cessation

As a smoker who has tried nearly all of the conventional methods of smoking cessation and as a trained health educator, I can suggest that efforts to date are designed to reach women who are highly educated, with sufficient resources, and who are in occupations in which they have more control over their work.

As stated in the Canadian background paper on Women and Tobacco authored by Lorraine Greaves in 1987, smoking cessation programs in Canada were more acceptable to women who have more disposable income with which to pursue fitness programs and to women who experience other positive health measures.

The ability to anticipate problems, mobilize resources, and control one's destiny is a reflection of social class. Again in preparation for this presentation, I spoke with several professionals including Dr. Helen Boulware-Moore, a prominent psychologist in the Boston area. Dr. Moore remarked that concern for health in general in this country is a luxury for persons without means. Health promotion activities are often expensive (some smoking cessation programs cost as much as $500), are located in unfamiliar environments for inner city dwellers, and are future oriented. Access is defined as the knowledge and ability to make use of available resources. In the case of smoking cessation programs, I would say that they are inaccessible to some women, i.e., inner city women of color.

Smoking is only a part of a broader issue of empowerment when considered in parallel to adequate shelter, nutrition, and other basic issues of survival Disempowerment is a self-perception of not being able to make things happen. As a result of the consequences of fatalism-born of powerlessness-the higher priority is sheer survival with little concern about future health problems.

Dr. Moore cited the "glass ceiling syndrome," which is the ability to look up but the inability to obtain or actualize a goal, as another factor in the struggle for a large number of women of color. Examples of the glass ceiling syndrome would include promotional opportunities and economic advantages. Few women of color occupy positions as chief executive officers, vice presidents or sit on boards of major corporations. Without the ability to dream, one finds self-actualization difficult.

The major health issues must be addressed within the context of lived experiences of the women at greater risk for smoking related-disorders. The challenge is to abstract the lessons to find the link between the theory and

practice to help community organizations deliver their intervention strategies. Traditional approaches to needs assessment and program design are often ineffective in their application to minority groups. Einstein pointed out that programmatic strategies were often dictated by the way we as professionals define our roles in working with different groups. He identified two specific models:

1. A medical model: in which the experts know what is best for the target population, make decisions for them and apply strategies to them;

2. The constituency model: in which the target population plays an important role in defining needs, identifying strategies, and carrying them out.

Although there is something to be learned from the medial model when appropriately applied, it appears that the constituency-based model has the most to offer currently underserved communities. The first step is to acknowledge the inherent worth of the potential participants, then develop culturally sensitive programs. A final step is to recruit and/or criteria for programmatic success is that key employees are comfortable in interactions with at-risk groups.

State and national leaders and organizations must take immediate steps to reduce the stressful conditions in which some groups live. Preventive health maintenance efforts can then be designed that will empower these groups to achieve the desired health status.

Beny J. Prim, M.D., one of several contributing authors of the book State of Black Americans, suggests that policy makers encourage research to explore the nexus between stress and health and recommends that adequate cessation and treatment programs be established in inner city areas.

In conclusion, I would add that groups such as the Saturday afternoon gatherings be formed to foster a supportive environment for women to wrestle with their decision to end the romance with cigarettes. Women of color must learn to acknowledge their right to private time and set up ways to get it without lighting a cigarette.

I would like to thank my friends and colleagues from the Saturday afternoon gatherings for their belief in, and support of, this presentation. Truly, this has been the most beneficial smoking cessation activity in which I have participated. With their support and belief in our power to define our own needs, I am at the completion of this writing an ex-smoker.

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Lethal Persuasion:Cigarette Advertising and Women

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For more than 60 years, cigarette manufacturers have targeted their marketing strategies at women, efforts amply documented by such researchers as Virginia Ernster. The tobacco industry currently spends more than $2 billion annually on advertising and promoting its deadly wares. Why such a massive expenditure? What is its cumulative effect on public attitudes towards the use of cigarettes, and on public understanding of the hazards posed by cigarette smoking? In the next few minutes, I will try to answer these and other questions, especially as they bear on current female smoking trends.

Why $2 Billion A Year?

As an anonymous marketing executive from the Brown & Williamson Tobacco Company once said to a reporter from the Louisville Courier-Journal:

> Nobody is stupid enough to put it in writing, or even in words, but there is always the presumption that your marketing approach should contain some element of market expansion, and market expansion in this industry means two things--kids and women. I think this governs the thinking of all the companies.

Attracting new consumers is essential to the "health" of cigarette companies, and the history of cigarette advertising is one of repeated attempts to identify and capture potential smokers. The numbers are clear: each year, cigarette companies lose approximately two million consumers to death and quitting. These consumers must be replaced if the industry is to maintain a constant market. Such replacement means 5,000 new smokers must be recruited each day, and the data tell us these new smokers are children. Ninety percent of smokers start during their teenage years, and 60% of them by the time they are 14. The younger one starts to smoke, the more difficult it is to quit, and the more likely one is to become a heavy smoker. To the cigarette companies, children, clearly, represent the ideal new consumer.

Increasingly, these new smokers are girls. As we heard earlier from Dr. Biener, young girls' developmental insecurities and perceptions about their bodies make them uniquely susceptible to many of the themes and images relied on by tobacco advertisers. Since 1978, more high-school-age girls have been smoking than boys, and college-age women are now smoking more than their male peers by a rate of 18% to 10%. Currently, the fastest growing group of smokers in this country is young women under the age of 23. As a result, just under half of all adult smokers now are women, and it is expected that by 1990 more women than men will be smokers.

Although cigarette advertising cannot be implicated as the sole inducement to potential smokers, its influence is substantial. Why else would this

industry, an oligopoly within which three companies account for nearly three-fourths of all cigarette sales, spend more than $2 billion every year on advertising and promotion? The manufacturers claim that their marketing efforts are aimed only at promoting brand loyalty or, conversely, encouraging brand switching. But only a tenth of smokers change brands every year. No, as our anonymous friend at Brown & Williamson put it, the name of the game is to encourage potential smokers to start and, to a lesser degree, encourage current smokers to continue smoking. Because of the addictive nature of nicotine, this latter function is clearly of lesser significance. Let us turn now to the strategies used by the cigarette companies to market their products, and examine the influence exerted by this $2 billion annual expenditure.

Advertising

Cigarettes are the most heavily marketed consumer product in America. As we heard in the videotape, U.S. cigarette companies currently spend about $1 billion on cigarette advertising, or approximately half of their total marketing expenditures (the other half is devoted to promotional activities). Cigarette manufacturers rank first, second, third, and fourth in outdoor (billboard) advertising, rank first and second among magazine advertisers, and occupy four of the top 10 slots among newspaper advertisers.

The ubiquitousness of cigarette advertising has several effects. As noted by Virginia Ernster, studies have documented the correlation between revenues from cigarette advertising and the editorial coverage of smoking by various publications and health issues. Although few editors or publishers acknowledge this relationship, a 1985 Washington Post story on cigarette advertising and women included a telling comment from Helen Gurley Brown, editor of Cosmopolitan (which regularly carries a large number of cigarette ads and has only once carried a smoking and health story), which reveals the probable truth of the media suppression theory:

> Having come from advertising myself, I think, `Who needs somebody you're paying millions of dollars a year to come back and bite you on the ankle?

Thus, readers of magazines such as Cosmopolitan, Ms, Redbook Ladies Home Journal, Self, and Glamour, as well as Sports Illustrated and Time, are subjected in each issue to multiple pages of cigarette ads portraying smoking in a positive light, but are not provided with sufficient accurate information about the health risks of smoking to adequately put these images in perspective and balance the myths with the reality.

When one considers cigarette advertising and its most easily influenced audience--children--it is interesting to recall the strictures of a voluntary advertising code allegedly adopted and adhered to by the major U.S. cigarette manufacturers in the wake of the 1964 Surgeon General's report linking smoking with cancer. This code includes provisions prohibiting the use of models who are under the age of 25, the association of smoking with vigorous physical activity, or the representation of smoking as essential to social prominence, success, or sexual attraction. Finally, the code also states that advertising intended to be appealing to children or teenagers (anyone under the age of 21) will be avoided. However, even a cursory review of the images and themes relied on in current cigarette advertising campaigns--the Kool motorcycle kid and his girl; the "Light My Lucky" nymphette; the rock climbing, ballet-

dancing, speedboat driving, downhill-skiing models of Vantage, Winston, and Kent ads; the sassy, sexy, glamorous, skinny models of More, Virginia Slims, and Ritz ads--reveals the futility, if not the hypocrisy, of this supposed attempted at self-regulation by the cigarette companies. The necessities of the marketplace, the imperative to replace dead or quitting smokers with new ones, make nonsense of the companies' claim that "smoking is an adult custom" and that children are not objects of their marketing strategies.

Cigarette companies' heavy use of outdoor, or billboard, advertising is another important component of their advertising strategy. Although magazines and newspapers are effective means to reach a self-selecting group of readers, billboards reach everyone and anyone, and cannot be blocked out by turning a page. Because companies rely primarily on images (known to be most appealing to children) rather than text, billboards that advertise cigarettes are found throughout our communities near churches, schools, and playgrounds, in buses, subways, and trains, in short, anywhere and everywhere. Almost half of all billboards carry advertising for tobacco products. Cigarette companies have found that the eight-sheet billboard, which is smaller and usually placed close to the street (e.g., on bus shelters), is an effective medium for penetrating minority communities. In 1985, tobacco companies spent $5.8 million on eight-sheet advertising in black communities, primarily for menthol cigarette brands such as Kool, Newport, and Salem (65% of black smokers smoke menthols, as opposed to 24% of whites). Advertising aimed at Hispanics is also on the increase, as Hispanics are the fastest-growing, and most youthful, minority group in America. In 1987, Philip Morris edged out Proctor & Gamble as the largest advertiser in the Hispanic community. Special cigarette brands intended to appeal to Hispanic smokers, such as Rio, Dorado, and L & M Superior, have been introduced in recent years. Among Hispanic women, smoking rates are considerably lower than rates among either white or black females, but assimilation appears to encourage increased smoking rates.

A final point: Although in most instances, cigarette advertising is clearly targeted at specific audiences--children, women, minorities--it also has a pervasive effect on all of us by repeatedly advocating smoking as a socially acceptable activity. What other addictive drug is promoted by attractive models in glamorous environments, engaged in enviable activities? Cigarette advertising presents cigarette smoking as an acceptable form of drug use, obscuring its true nature as a delivery system for a drug at least as addictive as heroin and cocaine.

Promotional Activities

An increasing proportion of the cigarette companies' marketing expenditures are being devoted to so-called promotional activities. These include discount coupons and other product-related give-aways, sponsorship of sports and other special events such as rock concerts and street fairs, and philanthropic support for the arts, education, and community leadership development.

Philip Morris spends $12 million annually on their Virginia Slims tennis tournaments, the proceeds of which are usually earmarked for local charities and other good works such as children's hospitals. Free samples of Virginia Slims cigarettes are normally distributed at the tournaments, and television coverage of the events gets the Virginia Slims brand name millions of dollars worth of free television airtime, a violation of the spirit, if not the letter, of the ban on TV advertising of cigarettes. Philip Morris has also spent

millions on support for the arts (among other things, Philip Morris sponsored the show of art from the Vatican, which appeared at the Metropolitan Museum in New York City several years ago), and is active in Washington providing fundingto the Congressional Black and Hispanic Caucuses for directories of Black and Hispanic officials and community organizations. The National Organization of Women has also been a regular recipient of cigarette company largesse, as have a number of other women's and minority development organizations. Finally, the Tobacco Institute, the Washington-based, industry-supported association of the major U.S. cigarette manufacturers, has funded a series of booklets produced by the National Association of School Boards entitled, "Helping Youth Decide."

The cigarette company generosity serves a dual purpose: not only does it reinforce a corporate "good citizen" image and associate cigarette brands with commendable activities (an effect Michael Pertschuk has called "innocence by association"), but it also serves to mute criticism of the companies by persons who logically should be their natural enemies, the targets of the companies' marketing efforts. Like the magazine editors, recipients of money from cigarette companies insist that no strings are attached, which is probably true; however, in a world where funds are scarce for even the most essential of social services, when a funder steps into the breach, it is not advisable to actively antagonize him. Thus, cigarette companies have carefully cultivated relationships with important figures and organizations within the communities where they are also actively recruiting new smokers.

Conclusion

The massive advertising and promotional expenditures of the cigarette industry reverberate throughout our society--in our media, sports, cultural activities, and civic life. Even so, cigarette smoking in the United States is declining at a steady rate of 2% a year among adults, and legislation at the local, state, and federal levels is reflecting the growth and concerns of the nonsmoking majority. Among women, however, smoking remains a particularly stubborn problem, requiring new approaches and new attitudes to achieve meaningful changes in female smoking trends. But the cigarette companies can see the writing on the wall, and that is why more and more of their energy and resources are being directed beyond our national boundaries and to the Third World. The special status held by American products, both commercial and cultural, in many foreign countries is exploited by the tobacco industry to sell American cigarettes to people who can least afford them. As the next speaker is going to go into this aspect of the problem in detail, I will conclude by saying that as American women look to ways to address the issue of smoking in this country, we must keep our eyes open to the international scene as well.

Mixed Messages For Women: A Social History of Cigarette Smoking and Advertising

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They want to make you think that cigarettes will make you beautiful but really they just want to make money. Those ads are dumb because cigarettes make you die.

7-year-old girl looking at mother's magazine

Messages promoting cigarette smoking are everywhere-in advertisements in the printed media, on billboards, on public transit, and in routine encounters with individuals who smoke. These appeals are encountered by warnings by public health officials, health charities, school programs, and no-smoking signs. As the young girl's observation reveals, cigarette smoking has been fraught with mixed messages.

Over the years, the content and magnitude of the enticements and the warnings have changed, as has the social symbolism of cigarette smoking. American women began to smoke in large numbers two to three decades after American men, juxtaposing the sexes in different historical relation to emerging medical data on the health hazards of smoking. Cigarette smoking was initially a symbol of emancipation for women, and it has since become associated with self-destruction.

The Early 1900's: Smoking is Avant Garde

At the turn of the century, cigarette smoking was socially unacceptable for women, but was gaining a foothold with American men, who still showed a preference for cigars. The cigarette had long been deemed a feminine object compared to the cigar. In the mid-19th century it was considered poor taste for gentlemen to smoke in public during hours when women might be encountered, and at the end of the century, women could not join their male companions in the smoking room after dinner, even in private gatherings.[1] It was written of the period, "Between the lips of a woman [the cigarette] was generally regarded as no less than the badge of questionable character."[2]

Lucy Page Gaston, founder of the Chicago Anti-Cigarette League at the turn of the century, claimed that young boys who smoked developed "cigarette face," a condition that eventually led to "drink, crime, and dreadful death."[3] She also decried smoking by women on the grounds that it undermined family values and the moral fabric of society. Gaston's efforts resulted in the enactment of local and regional laws prohibiting smoking.

Smoking by women in public places met considerable opposition. In 1904, a policeman in New York City arrested a woman for smoking a cigarette in an automobile, with the admonition. "You can't do that on Fifth Avenue."[4] Smoking by female schoolteachers was considered grounds for dismissal.[3] In

1906, in Cigarettes in Fact and Fancy, Bain observed that "American girl stenographers clandestinely smoked Egyptian cigarettes."[5] A headline in the New York Herald in 1908 read, "Women smoke on way to opera: are discovered puffing cigarettes when electric light beams into their carriage." In 1910, Alice Longworth, President Roosevelt's daughter, was scolded for smoking in the White House and retorted she would smoke on the roof.[6] The potential for widespread adoption of cigarette smoking by women occasioned public alarm. New York's Sullivan Ordinance of 1908 made it unlawful for women to smoke in public, but the ban was largely ignored.[7]

Given the social climate of opposition to smoking by women, advertisers refrained from copy that suggested an appeal to women. Not until 1919 did a tobacco company (Lorillard) sponsor a series of advertisements for brands such as Murad and Helman in magazines and newspapers showing images of women.[3]

There are no reliable estimates of the breakdown of cigarette consumption figures by sex during the first two decades of the century. It is believed that the majority of cigarette smokers were men and that women who smoked did so much less than men. World War I is credited with changing the social climate for cigarette smoking. American tobacco companies (often aided by charities) supplied cartons of cigarettes to soldiers abroad, converting many young men to the smoking habit, while at home women began venturing to smoke in public.

The 1920's: "Emancipation"

In 1929, Barnard commented on smoking prevalence:

> Women war workers took up the habit abroad and women at home in their men's jobs and new-found independence did likewise. Within the next three or four years cigarette smoking became the universal fashion, at least in cities, and children born since the war take smoking mothers for granted.[2]

In 1923, 5 percent of all cigarettes were consumed by women, increasing to 12 percent by 1929. (These figures may underestimate the proportion of women who smoked. Women on average smoked fewer cigarettes per capita than men; Moody reports daily consumption of 2.4 cigarettes by women compared to 7.2 by men who smoked in 1929.[8])

Once associated with indecent women or the ultrarich, cigarette smoking made inroads among social trendsetters in the 1920's. Fass[9] documents the symbolic importance of cigarette smoking to the crumbling of the double standard and emerging equality of female college students. In the early 1920's, smoking by women was banned on most campuses. Most college newspapers, reflecting the view of students but not of administrators, took positions in favor of smoking by women students. The issue became a cause celebre in 1925, when the president of Bryn Mawr permitted smoking rooms on campus. But smoking by women was still grounds for dismissal at many institutions. The University of Southern California refused registration to women students who smoked. In 1927, women at Stanford were permitted to smoke and the Chronicle of Duke University carried an advertisement for Old Gold, featuring two young female smokers. Fass states, "Smoking was perhaps the one most potent symbol of young woman's testing of the elbow room provided by her new sense of freedom and equality."[9]

Female students were the vanguard, and their behavior did not necessarily reflect smoking attitudes and patterns among the general population. Schudson[10] examined media reports of smoking-related activities in colleges and in public facilities such as railroads, restaurant, and art galleries. Views of female smoking ranged from condemnation to acceptance. In New York City, cigarette accessories could be bought at jewelry stores, and one tobacco shop catered exclusively to women customers.

Despite the growing number of women smokers, cigarette manufacturers were concerned about a prohibitionist backlash, and they refrained from promoting their product directly to women. In a 1926 article, "Why cigarette makers don't advertise to women," Bonner stated, "The cigarette people are frankly afraid of stirring up the reformers and bringing down upon themselves a lot of nuisance legislation."[11] The article cited evidence of "indirect" appeals to women, including the slogan "Mild as May" for the recently introduced Marlboro brand, and the billboard advertising Chesterfield cigarettes that featured a young woman and her smoking male companion on a moonlit night. The woman in the Chesterfield advertisement appeared to be enjoying her escort's smoke; the caption said, "Blow some my way." The article predicted that public opinion would soon be on the side of the tobacco industry, and that within a year or two direct advertising appeals to women would be appearing on billboards, and in magazines and newspapers.

In 1927, Williamson discussed with obvious disdain "the firm-rooted belief in the reactionary mind that women-decent, respectable women-do not smoke." The author stated, "There can be but little doubt of the way the wind is beginning to blow, and with such a market awaiting the manufacturer we may expect almost any day to see him right after it."[12]

Two months later, an article titled "Marlboro makes a direct appeal" describes Marlboro's advertising campaign portraying a woman smoking on the back cover of Le Bon Ton, a women's fashion and travel magazine with a sophisticated readership. Shortly thereafter, a series of single column advertisements appeared in magazines and newspapers, showing a feminine hand in silhouette holding a lit cigarette with the "Mild as May" theme. By April of 1927, direct appeal insertions appeared in leading general and and women's magazines. The copy suggested the social desirability of Marlboro: "Women-when they smoke at all-quickly develop discriminating taste... That is why Marlboros now ride in so many limousines, attend so many bridge parties, repose in so many handbags" In what may be the first promotional activity for cigarettes directed at women, these advertisements included an offer to receive free, upon request, the new Marlboro bridge score. A related development was the decision of Pictorial Review (which, like other mass circulation women's magazines of the day, had refused tobacco advertising) to accept such advertisements beginning with the May 1927 issue.[13]

Other signs of the changing times included opera star Ernestine Schumann-Heink's endorsement of cigarettes-although ultimately she came out against smoking after antitobacco crusaders succeeded in convincing some recital halls to cancel her appearances. Testimonials from film actresses and other female public personalities, including Amelia Earhart, appeared in cigarette advertisements. In the late 1920's, models, and later prominent debutantes, were hired by Edward Bernays, public relations manager for Lucky Strike, to appear smoking in public in an effort to attract media attention. Bernays managed to commander the fashion industry to make green-the color of

the Lucky Strike package-the color of fashion one year, hoping that coordinating Lucky Strikes with women's clothing would increase sales.[3]

The most renowned advertising campaign of the period directed at women was the association of cigarette smoking with staying slim, launched in 1928 with the slogan, "Reach for a Lucky Instead of a Sweet."

The campaign brought on much hue and cry, especially from the candy industry, but to this day is considered one of the great successes in advertising history.[3]

Despite the many indications of a transition in cultural values, traditional views linking female smoking with immorality persisted in large segments of the population. Senator Reed Smoot, on June 10, 1929, introduced an unsuccessful bill in Congress to extend to tobacco the provisions of the Pure Food and Drugs Act of 1906. His remarks on the Senate floor reveal that the initial reluctance of the tobacco manufacturers to promote their product to women showed an awareness of the still prevalent sentiment:

> Not since the days when public opinion rose up in its might and smote the dangerous drug traffic, not since the days when the vendor of harmful nostrums was swept from our streets, has the country witnessed such an orgy of buncombe, quackery, and downright falsehood and fraud as now marks the current campaign promoted by certain cigarette [sic] manufacturers to create a vast woman and child market for the use of their product.14

The 1930's: Smoking is in Vogue

Rudy Vallee composed his song "My Cigarette Lady" in 1931.[15] Within a few years, First Lady Eleanor Roosevelt was smoking in public.[16] An analysis of 40 motion pictures published in 1935 found that 30 percent of heroines smoked in the films compared to only 2.5 percent of villainesses.[17] (The comparable figures were 65 percent for heroes and 22.5 percent of villains). That male and female "good guys" were portrayed as smokers suggests that cigarette smoking, by the 1930's, had achieved a high level of social acceptability. But the percentage of women in the general population who smoked was still less than that of the motion picture heroines. The Fortune Survey of 1935, quoted in the absence of national data, found that 52.5 percent of men and 18.1 percent of women reported themselves to be cigarette smokers; these figures varied with the respondent's age and place of residence.[18] Women under 40 years of age were more likely to say they smoked cigarettes than women over 40 (26.2 percent versus 9.3 percent). Women's smoking was most common in cities with populations between 100,000 and one million people (40.2 percent) and least common in rural areas (8.6 percent). An estimated minimum of 14 percent of all cigarettes was consumed by women in 1931.[8] An economic analysis of trends in tobacco production published in 1936 credited World War I and adoption of smoking by women with the "virtual doubling of demand since 1920."[19] One article hinted that pipe manufacturers might try luring the female market, given the success of the cigarette in attracting female customers.[20]

Cigarette advertisements began to appear in major middle-class women's magazins such as McCall's, Ladies Home Journal, and Better Homes and Gardens. These advertisements were now directly pitched toward women. In general, advertisements of the period featured testimonials from American women

socialities (a series for Chesterfields), celebrities (including opera star Helen Jepson for Lucky Strikes), elegant settings (during the Great Depression), athletic-looking women, and women whose smoking made them sexually attractive, judging from the number of male admirers depicted in the advertisements.

Observing that handbags and compacts were now designed for holding cigarettes and women were no longer concerned about smoke and ashes on their furnishings, Gottsegan commented in 1940 on the cultural context of unseats behavior.

> Cigarettes have become an item of consumption by women and men during the same era when women's dress is approximating that of men in type of cloth, color design, and silhouette, and when many items, formerly restricted to men's use, are now being purchased for women's consumption.[21]

1940's-1960's: Smoking is the Middle Class

By World War II, one-third of American women smoked cigarettes.[24] During the war, the advertising campaigns of cigarette companies managed to link smoking with patriotism. Free packs were delivered to the armed forces, and in magazines women who smoked were depicted as role models hard at work in the national effort.[25-27]

The image of the female smoker as responsible and independent ended with the war. In advertisements during the second half of the 1940's, women were portrayed as wives and lovers, expecting or enjoying reunions with returning husbands and beaus. In an early morning scene from an advertisement of the period, an elegantly attired couple, arm-in-arm, look out the window. The text read, "It's spring again. It's two again. Just the way it used to be. Two to grab for the morning paper. Two places to set at the table. And two Chesterfields over two cups of coffee."[28] Another advertisement features a bride slipping a carton of cigarettes into her honeymoon suitcase.[29]

According to representative national surveys,[24] the prevalence of smoking among American women continued at relatively high levels through the mid-1960's (by then 33 percent), in contrast to American men, among whom the proportion of American smokers began to decline in the 1950's. During this time, evidence for the serious disease risks associated with cigarette smoking-particularly the risk of lung cancer-was emerging from epidemiologic studies and was being broadcast to the public. Although most of the early health statistics were based on studies of men, it is probably fair to conclude that women who chose to smoke during this period did so with a least a suspicion that the incriminating medical data applied to them also. Because of the availability of television for cigarette commercials, cigarette advertisements were not as prominent in the printed media during the 1950's and 1960's. Women's magazines of the period are therefore not a reliable index of the extent to which women were targeted in cigarette promotions. A review of three such publications (Ladies Home Journal, McCall's, and Better Homes and Gardens) for the years 1945, 1950, 1955, 1960, and 1965 revealed that the number of cigarette advertisements per issue ranged from zero to three.

1970's-1980`s: Women Smokers are Exploited

The tobacco industry publicly acknowledges that it is directing much of its contemporary advertising to the female market. A front-page article in advertising Age, in 1981, headlined "Women top cig target" quotes the president

and chief executive officer of R.J. Reynolds describing the women's market as "probably the largest opportunity" for the company.[30] The article cites industry sources who viewed the working woman, under stress, as the ideal candidate for their product. In 1983, a major article in Advertising Age appeared under the headline, "Marketers clamor to offer lady a cigarette."[31] Referring to the European market, a recent editorial in a tobacco trade publication entitled "Targeting women" noted the following:

> Women are adopting more dominant roles in society; they have increased spending power; they live longer than men... All in all, that makes women a prime target as far as any alert European marketing man is concerned.[32]

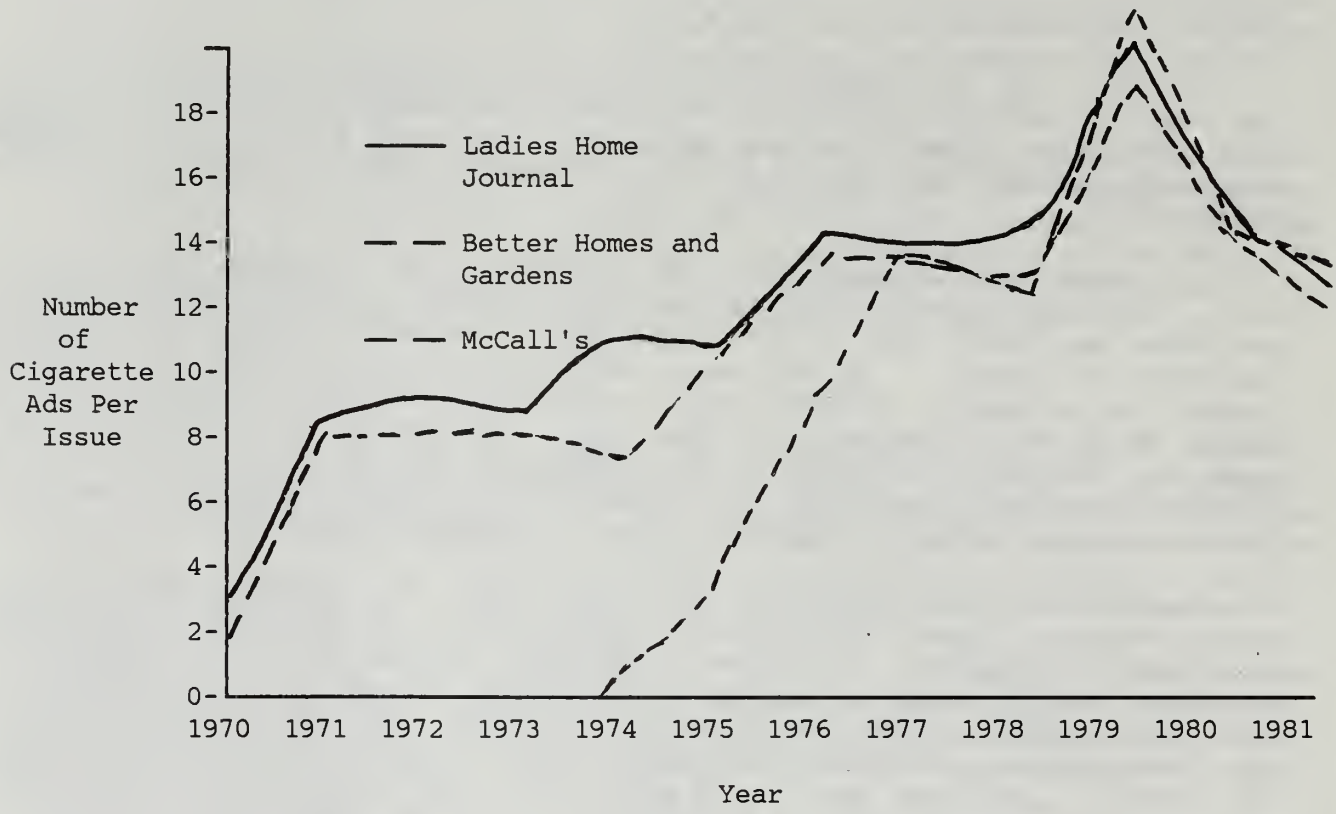

Figure 1. Average number of cigarette advertisements per issue in three women's magazines, 1970-1981.

In recent years, a number of cigarette brands marketed specifically to women have been introduced, the most successful of which has been Virginia Slims (Philip Morris). Other brands that are marketed primarily to women include Eve (Grand Metropolitan), Satin (Loews), More (R.J. Reynolds), and Ritz (R.J. Reynolds).

Following the ban on cigarette advertising on radio and television, the number of cigarette advertisements in women's magazines increased dramatically (Fig.1). By 1979, cigarettes were the most advertised product in some magazines, with as many as 20 advertisements in a single issue.[33] Women's magazines are

an important outlet for advertisers, since many of them rank among the best selling publications in the country. Of the 20 top-circulating magazines in the United States in 1980, 8 were directed primarily at women, including 6 of the top 10 publications. Some of these magazines have estimated female readership of more than 20 million. Except for Good Housekeeping which has long refused to accept cigarette advertisements, the major women's magazines have become heavily dependent on such income. (Seventeen magazine, although not among the top sellers, also does not accept cigarette advertising, a significant stance given its target audience of young women.) Table 1 shows the average number of cigarette advertising pages per issue and the percentage cigarette advertisements represent of all advertising revenues for the major women's magazines in 1984.[34]

Work by Whelan and colleagues[35] suggests that the editorial policy of women's magazines that accept cigarette advertising is restrained in reporting the health hazards of smoking. Her group counted the number of articles about smoking that appeared in such major women's magazines during the period from 1967 to 1979; the number ranged from zero in some magazines to a maximum of two in others.

Table 1

Cigarette Advertising in Major American Women's Magazines, 1984[1]

Magazine	Cigarette Advertising Revenues	Cigarette Advertising % of Total Revenues	Average Number of Cigarette Advertising Pages Per Issue
Better Homes and Gardens	14,970,751	11.9	14.8
Cosmopolitan	7,545,290	7.9	14.6
Essence	1,541,100	11.5	9.0
Family Circle	16,274,466	12.5	12.5
Glamour	5,753,343	8.2	12.2
Good Housekeeping	0	0.0	0.0
Harper's Bazaar	2,751,285	8.8	10.1
Ladies Home Journal	9,316,713	14.0	14.1
Mademoiselle	2,450,081	6.8	8.6
McCall's	10,706,748	14.0	13.3
Ms.	503,370	7.9	3.9
New Woman	1,404,935	20.1	9.6
Redbook	8,004,851	15.1	13.8
Vogue	3,622,795	5.4	12.2
Woman's Day	13,826,055	12.5	12.8
Working Mother	981,200	8.9	6.3
Working Women	1,831,850	9.7	9.6

[1]Source: Ref. 35

Cigarette promotions are not limited to suggestive copy. Many coupon offers for discounts or free packs appear in magazines and newspapers. In May 1983, an offer appeared in newspapers around the country for women to call a toll-free number and receive two free packs of Satin cigarettes and a pouch in which to hold them. The offer elicited an estimated 1.3 million calls within a 10-day period (Joanne Luoto, M.D., director of the Federal Office on Smoking and Health, personal communication). The More brand of cigarettes (R.J. Reynolds) was promoted by sponsorship of fashion shows in 18 shopping centers throughout the United States. The publicity included a 4-page advertisement in the March 1982 issue of Harper's Bazaar. Reynolds also sponsored a sweepstakes contest; the entry blank was included in an advertisement in Woman's Day magazine (April 6, 1982), and was accompanied by a discount coupon for More cigarettes, Philip Morris has offered clothing (including a rugby outfit and a T-shirt that reads, "You've come a long way, baby") and calendars (The Virginia Slims Book of Days) in exchange for money and proof of cigarette purchase. Philip Morris sponsors the Virginia Slims professional women's tennis tour. Cigarette samples are given away at the entrance to the tennis matches. Leading professional women's tennis players have not taken public positions opposing cigarette promotions.

The industry has succeeded in being associated as a financial benefactor of the women's movement. Ms. magazine accepts a sizeable share of its advertising budget from cigarette companies and has yet to print a story on smoking, despite its inclusion of many health-related articles.[36] The National Organization for Women has had its meeting program partly underwritten by Philip Morris and recently refused to print in its national newsletter an advertisement taking Ms. to task on the cigarette advertising issue (Polly Strand, personal communication). By their silence on the issue of tobacco company exploitation of women, even when challenged, these representatives of the women's movement, as well as publishers of women's magazines, must be viewed as accomplices in what has come to be called an "equal opportunity tragedy." The magnitude of current efforts to target women in cigarette advertisements and other promotions lends an aura of social legitimacy to a product whose users are often victims. British journalist and physician Bobbie Jacobson discusses social forces, including cigarette promotions, that contribute to smoking among women in her book <u>The Ladykillers: Why Smoking Is a Feminist Issue</u>.[37]

Conclusion

The negative moral connotations of smoking by women at the turn of the century gave way to the cigarette as a positive symbol of emancipation. Today, cigarettes once again have a negative image, but for health rather than moral reasons. What is the social meaning of cigarette smoking for the contemporary woman or girl, since the decision to smoke is usually made before adulthood? The evidence suggests that women who are most "emancipated," if attained education is the measure, are no longer the most likely to smoke. Women with college educations and teenage girls who are college bound are less likely to smoke than women with less education and girls who are not college bound.[28,38,39] However, cigarette smoking continues at relatively high levels among women in the general population (25 to 30 percent). The symbolism of emancipation seems to persist and is deliberately fostered by the tobacco industry. Advertisements for cigarettes have always portrayed women favorably-as athletes, fun loving, glamorous, sexually attractive, and as "in" socialities or flaunters of old-fashioned ways; they are rarely depicted in passive or traditional roles. For many young women, smoking still signifies defiance and independence. To this day, the messages about smoking for women continue to be mixed.

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Women Taking Action: Creating a Smoke-Free Future

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Today we have discussed many aspects of the smoking problem. It is clear that we want to do something about the alarmingly high rate of smoking among women. Where can we begin? What can we do to help women who want to quit smoking? To prevent younger women from taking up the deadly habit to begin with? At all levels - the family, the community, local, national, and global - women are taking action that will make a difference. Here are just some examples:

Family and Community:

- Forming mutual support groups for women that use a self-help approach to quitting smoking;
- Sharing information about specific health hazards of smoking with women and girls we meet at school, at work, at church, and emphasizing problems such as premature wrinkling of skin as well as more like-threatening diseases such as emphysema, lung cancer, and heart disease;
- Contacting our children's schools and teachers to arrange a showing of "The Feminine Mistake" or "The Lady Killer", followed by classroom discussion (for both girls and boys, who are all in a position to influence their peers and mothers, even if they personally would not smoke);
- Informing others about the marketing practices of tobacco companies and the need to speak out against the inappropriate glorification of smoking;
- Offering a gift of a "smoke-enders"-type program to a friend or relative who would like to quit;
- Trying to get large billboards to carry messages about the risks of smoking with catchy themes appealing to teens;
- Working to pass legislation and ordinances that would restrict smoking in public spaces and/or guarantee smoke-free areas in workplaces;
- Supporting groups like GASP (Group Against Smoking Pollution) with our donations and memberships, groups that are often the most vocal forces challenging the notion of corporate "freedom of speech" with respect to cigarette advertising;
- Calling our local PBS stations to rebroadcast the excellent documentary, "Showdown on Tobacco Road";

National:

- Writing to women's magazines that carry tobacco ads and urging them to discontinue such ads, if not immediately, then in the near future, also, urging that there be more in-depth articles on the risks of smoking;
- Supporting national organizations that have taken strong stands on this issue (e.g., Action on Smoking and Health, the American Public Health Association, and the National Women's Health Network). APHA has coordinated a letter-writing campaign targeting national women's magazines that carry tobacco advertising. NWHN has yearly protested the association of Virginia Slims with

athletic prowess (via Virginia Slims' sponsorship of the U.S. Women's professional tennis tournament). Contributions of time and/or money can make a big difference;

- Writing to women's organizations such as the National Women's Political Caucus and the National Organization for Women and urging them to take a strong anti-tobacco stance and to refuse corporate donations that help to improve the image of the tobacco companies;

Global:

- Education ourselves and persons around us about the unethical marketing practices of multinational tobacco companies in developing countries; (example, the class action suit in the Philippines). Show examples of ads in these countries? eg: "Smoke international Embassy'- and you've got the whole world in your hand"; "For the smoothest, cleanest taste of all - trust a Graduate'". Color photos at BWHBC; slides available from WHO Geneva.)
- Writing to our Representatives and Senators objecting to the current U.S. practice that has threatened countries with trade sanctions if they did not grant U.S. Tobacco companies a share of their domestic cigarette market (example, Japan).
- Helping to publicize the serious environmental costs of tobacco production, which leads to accelerated rates of deforestation in developing countries, as farmers cut trees for the fuel needed to cure tobacco.

None of this is easy. The $35 billion U.S. tobacco industry knows well how to capitalize on our cultural obsession with "thinness", to play upon women's inappropriate fear of weight gain. We have to be creative and persistent, to build a louder and louder collective protest that ultimately carries more force than the well-financed tobacco lords. Change already has begun in our own country, but we need to make sure that the cigarettes that are not sold here do not find new markets elsewhere in developing countries.

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